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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance /znd/ Initials	STATE OR COUNTRY HI	SHEETS 0	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 1
Verified and /ZINNA NORTHINGTON DAVIS/ Acknowledged _____ Examiner's Signature _____						

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TITLE

Azadecaloin Glucocorticoid Receptor Modulators

FILING FEE RECEIVED 965	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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